## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together \_\_\_\_\_ applicable fee(s), to: Mail Stop ISS \_\_FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification	ms.				<u>, , , , , , , , , , , , , , , , , , , </u>			on of the	
CURRENT CORRESPONDEN	, p	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
BASCH & NICI 1777 PENFIELD PENFIELD, NY 1	ROAD	PATERIA	0 5 2007 1 IS	Certificate of Mailing or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
1 5/11 1555, 111 1		BLARK OFFIC	Dilane C. Bas Ch 34,545 (Depositor's name)						
							(Signaturo)		
				34154	5	6/5/07	7	(Dato)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENT	DR .	ATTORNEY	DOCKET NO. CONFIRMATION NO.		4 NO.	
10/042,473 01/09/2002			W. Alan Burris	9	6/05/2007 P	1GEBREM2 000	100044 5029837	10042473	
TITLE OF INVENTION:	OZONE IRRIGATOR		0	1 FC:2501 2 FC:1504	700.0 300.0	90 DA			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION PEB DU	E PREV. PAID ISS	UE FEE TO	TAL FEE(S) DUE	DATE DU	JE	
nonprovisional	YES	\$700	\$300	\$0		\$1000	08/20/20	07	
EXAMINER ART UNIT		CLASS-SUBCLASS	S-SUBCLASS						
TRAN, THAO T 1711			210-135000						
Address form PTO/SB/	ndence address (or Chan	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (baving as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	type)					
PLEASE NOTE: Unic	ss an assignee is identif	ied below, no assignee	data will appear on the	patent. If an assi	gnee is identif	ied below, the	document has been	filed for	
(A) NAME OF ASSIGNEE			data will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Alab, LLC			*	sh , NY	Í				
Please check the appropria	te assignee category or	categories (will not be pr	rinted on the patent):	🗖 Individual 🚨	Corporation or	r other private g	roup entity 🔲 Go	vernment	
4a. The following feo(s) are submitted:    Sesue Fee			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 2751 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
NOTE: The Joseph Fee and	Publication Fee (if rem	ired) will not be accepte	d from anyone other the	n the applicant; a re	egistered attorr	ney or agent; or	the assignee or other	er party in	
interest as shown by the re	cords of the United State	A	Onice.	· · · · · · · · ·	1/11	/			
Authorized Signature	Dual	Basch		Date	ر <i>در در د</i>	0+ 54=		-	
Typed or printed name	vuine C.			Registration		1-1	- 41d., Vence	-	
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231 Under the Paperwork Red								aring, and complete erce, P.O. Box 1450,	